

DISABILITY INSURANCE SUITABILITY DISCLAIMER

Disability Insurance is a highly recommended product which can help protect your assets, savings and retirement plan due to the loss of income from an unforeseen disability.

CLIENT NAME: _____

REPRESENTATIVE NAME: _____

DATE: _____

On this date, we discussed Disability Insurance and how it can replace my income in the event of a long term sickness or accident that would prevent me from earning an income. I also understand that if I am a business owner who has opted out of Workers Comp, I have no income protection if I get hurt on the job.

At this time, I have made the decision **not** to purchase Disability Insurance and I am fully aware that my assets are fully exposed and subject to liquidation. I also understand that Disability Insurance is an underwritten plan of insurance and that a change in my health could impact my future eligibility for coverage.

Client Signature

Date

Representative Signature

Date

This form is proof that representative presented Disability Insurance to the client and for file documentation.